

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584538

FILING DATE

10/15/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		5				
4		5				
5		2				
6		1				
7		1				
8		1				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1		1			
20	1		1			
21	1		1			
22	8					
23	8					
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			7			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						